

Attachment CRECUSAL FORM

This form must be included with all documents requiring review by the Administrator, Mr. William D. Ruckelshaus.

- ☐ 1. It appears that the financial interest of an entity listed on Attachment A, or the industry of which it is a member, is distinctively affected or involved in this particular matter.

Name of entity and/or industry: _____

Nature of entity's interest: _____

- ☐ 2. It appears that (1) this is a particular regulatory or adjudicatory matter in which an entity listed on Attachment A or Attachment B is a party-in-interest and (2) the matter (a) was pending before EPA at the time Mr. Ruckelshaus was affiliated with that entity, or (b) was one in which he was directly and substantially involved while affiliated with that entity.

Name of entity: _____

Nature of entity's participation: _____

- ☐ 3. It appears that the entity listed below has an interest in this matter and that Mr. Ruckelshaus had a prior affiliation with such entity. (Do not check this box if No. 1 or No. 2 above applies.)

Name of entity: _____

Nature of entity's interest: _____

- 2 -

- ☒ 4. There is no potential recusal issue apparent to the office originating this matter.

Names and signature of official(s) filing
recusal form.

Prepared For: Final Rule to Approve Nebraska NSR & PSD Regulations - MINOR
ACTION

From: Morris Kay, Regional Administrator, Region VII

To: Administrator (THRU: Denise Gerth, ANR-445)

William W. Rice William W. Rice
DRA - Region 7

Date: 11/21/83

Concur _____

Non-concur _____

Comments: _____

General Counsel

Note: The concurrence of the General Counsel is not required
if Box 4 is checked.

I recuse myself from decision-making in this matter.

Date: _____

Administrator

I do not recuse myself from decision-making in this matter.

Date: _____

Administrator

REQUEST FOR OMB REVIEW

INTERIM USE FORM SF 83
FOR USE BEGINNING 4-83

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING FORM. DO NOT USE THE SAME SF 83 TO SIMULTANEOUSLY REQUEST AN EXECUTIVE ORDER 12291 REVIEW AND APPROVAL UNDER THE PAPERWORK REDUCTION ACT.

ANSWER ALL QUESTIONS IN PART I. IF THIS REQUEST IS FOR REVIEW UNDER E.O. 12291, COMPLETE PART II AND SIGN THE CERTIFICATION. IF THIS REQUEST IS FOR APPROVAL UNDER THE PAPERWORK REDUCTION ACT AND 5 CFR 1320, SKIP PART II, COMPLETE PART III AND SIGN THE CERTIFICATION.

SEND THREE COPIES OF THIS FORM, THE MATERIAL TO BE REVIEWED, AND FOR PAPERWORK -- THREE COPIES OF THE SUPPORTING STATEMENT TO: OFFICE OF INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503 -ATTENTION DOCKET LIBRARY ROOM 3201

PART I.

1. DEPARTMENT/AGENCY and BUREAU/OFFICE
ORIGINATING REQUEST

EPA, Region VII, Air Branch
324 East 11th Street
Kansas City, Missouri 64106

2. AGENCY
CODE

6 8 0 2

3. NAME AND TELEPHONE NUMBER OF PERSON
CAN BEST ANSWER QUESTIONS REGARDING
THIS REQUEST

Mary C. Carter: FTS:758-3791

4. TITLE OF INFORMATION COLLECTION OR RULEMAKING

Revision to State Implementation Plan for Nebraska

5. LEGAL AUTHORITY FOR INFORMATION COLLECTION OR RULE
(CITE UNITED STATES CODE, PUBLIC LAW, OR EXECUTIVE
ORDER)

42 USC 7410 OR _____

6. AFFECTED PUBLIC (CHECK ALL THAT APPLY)

- ☐ 1. INDIVIDUALS OR HOUSEHOLDS
- ☒ 2. STATE OR LOCAL GOVERNMENTS
- ☐ 3. FARMS
- ☒ 4. BUSINESSES OR OTHER FOR-PROFIT
- ☐ 5. FEDERAL AGENCIES OR EMPLOYEES
- ☐ 6. NON-PROFIT INSTITUTIONS
- ☐ 7. SMALL BUSINESSES OR ORGANIZATIONS

PART II. COMPLETE THIS PART ONLY IF THE REQUEST IS FOR OMB REVIEW UNDER EXECUTIVE ORDER 12291.

7. REGULATORY INFORMATION NUMBER (RIN)

9. CFR SECTION AFFECTED

40 CFR Part 52

8. TYPE OF SUBMISSION

CLASSIFICATION

- ☐ 1. MAJOR
- ☒ 2. NONMAJOR

STAGE OF DEVELOPMENT

- ☐ 1. PROPOSED OR DRAFT
- ☒ 2. FINAL OR INTERIM FINAL, WITH PRIOR PROPOSAL
- ☐ 3. FINAL OR INTERIM FINAL, WITHOUT PRIOR PROPOSAL

TYPE OF REVIEW REQUESTED

- ☒ 1. STANDARD
- ☐ 2. PENDING
- ☐ 3. EMERGENCY
- ☐ 4. STATUTORY OR JUDICIAL DECREE

10. DOES THIS REGULATION CONTAIN REPORTING OR RECORD-KEEPING REQUIREMENTS THAT REQUIRE OMB APPROVAL UNDER THE PAPERWORK REDUCTION ACT AND 5 CFR 1320?

YES ☐ NO ☒

11. IF A MAJOR RULE, IS THERE A REGULATORY IMPACT ANALYSIS ATTACHED?

1. YES ☐ 2. NO ☐ — IF NO, DID OMB WAIVE THE ANALYSIS?

3. YES ☐ 4. NO ☐

12. DOES THIS REGULATION AFFECT ANY TRADE SENSITIVE ACTIVITY?

YES ☐ NO ☒

CERTIFICATION FOR REGULATORY SUBMISSIONS: IN SUBMITTING THIS REQUEST FOR OMB REVIEW, THE AUTHORIZED REGULATORY CONTACT AND THE PROGRAM OFFICIAL CERTIFY THAT THE REQUIREMENTS OF E.O. 12291 AND ANY APPLICABLE POLICY DIRECTIVES HAVE BEEN COMPLIED WITH.

SIGNATURE OF PROGRAM OFFICIAL

DATE

SIGNATURE OF AUTHORIZED REGULATORY CONTACT

DATE

11/22/83

Morris Kay, Regional Administrator, Region VII